

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 MAY -2 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000029337

1. Corporation Name

MILLENIUM TRANSPORTATION INC.

Principal Place of Business

Mailing Address

902 NEW CASTLE COURT  
HOLLY HILL FL 32117-1528

902 NEW CASTLE COURT  
HOLLY HILL FL 32117-1528

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



REINSTATEMENT 99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

03/27/1998

5. FEI Number

59 3502647

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	Anthony J. Miotke	902 New Castle Ct.	Holly Hill, FL 32117
			600003284306--6 -06/12/00--01017--017 ****408.75 ****408.75
			600003284306--6 -06/12/00--01017--018 ****500.00 ****500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIOYKE, ANTHONY J  
902 NEW CASTLE COURT  
HOLLY HILL FL 32117-1528

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Anthony J. Miotke* SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 4-26-00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Anthony J. Miotke* SIGNATURE REQUIRED  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ASM 4-26-00  
-12-7-99 (904) 615-1890

CR2E040 (8/99)